

STATE OF SOUTH CAROLINA**(Caption of Case)**

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Application for Class C Non emergency Certificate
from Advanced MobilCare LLC**

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

**DOCKET
NUMBER:** 2021 - 139 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Willie Johnson

Telephone: 803-881-9040

Address: 401 Western Lane

Fax: 803-626-0622

Irmo

Other: _____

South Carolina 29063

Email: advancedmobilcare@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

APR 21 2021

**PSCSC
Clerks Office**

JS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 04/19/2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Advanced MobilCare LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

401 Western Lane, Irmo South Carolina 29063

Street Address of Applicant

41 Green Ash Court, Irmo South Carolina 29063

Mailing Address of Applicant (if different from street address)

803-881-9040

Phone

803-626-0622

Fax

advancedmobilcare@gmail.com

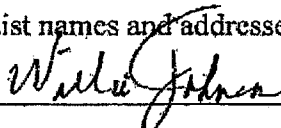
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Willie Johnson



41 Green Ash Court, Irmo South Carolina 29063

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		Liabilities:	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	20,500.00	Loans Owed on Motor Vehicles	0
Cash on Hand	1000.00	Business/Other Loans Owed	0
Cash in Bank	0	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	Total Liabilities	
Total Assets	21,500		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$50.00 per one way
\$3.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	2016/Caravan	2C4RDGEG0GR320400	3899	

INSURANCE QUOTE

This form **MUST BE COMPLETED**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Willie Johnson

Name of Applicant

401 Western Lane Irmo, South Carolina

Address of Applicant

Amount of Premium:

Liability Insurance \$ 791.50 = \$9498.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Three By Berkshire Hathaway

Name of Insurance Company

PO BOX 34987, OMAHA NEBRASKA 68134

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Willie Johnson

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

Owner

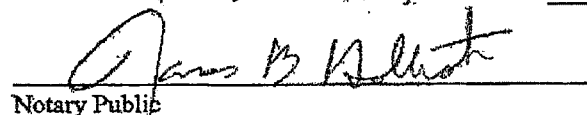
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

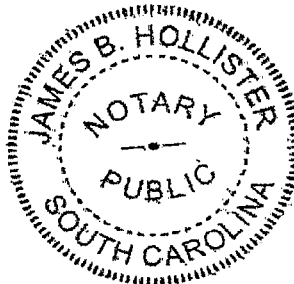
COUNTY OF Lexington)

SWORN TO BEFORE ME

This 21 day of April, 2021


Notary Public

Commission Expires July 15 2030



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Advanced MobilCare LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 7th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 13th day
of April, 2021,

A handwritten signature of Mark Hammond in cursive script.
Mark Hammond, Secretary of State



[⏪ Back to Editing Answers](#)

Your THREE policy for *ADVANCED MOBILCARE, LLC* in *Irmo, SC* will cover your business seamlessly, so you can have true peace of mind.

Quote ID: CP14021482402021

Your premium:

\$791.50 per month or \$9,498.00 per year

This price doesn't reflect any credit score savings.

[Go back and run self credit check](#)

Start Date: April 30, 2021

Renewal Date: April 30, 2022

PURCHASE

[Save and Finish Later](#)



Speak with a THREE Business Advisor, call us at **1-800-507-4495**.

POLICY SUMMARY

**Your comprehensive coverage
breakdown:**

We have indicated below certain limits and deductibles based solely on the information you have provided, but you know your business best. If you wish to purchase coverage with different limits or deductibles, or have any questions, please call us at 1-800-507-4495.

Your Operations | Non-Emergency Medical Transport: \$70,000 annual revenue

COVERAGE Business
Liability
LIMIT \$1,000,000 per
occurrence
\$3,000,000
maximum
DEDUCTIBLE N/A

COVERAGE Business
Interruption
due to
Property
Damage

LIMIT Up to 1 year,
\$6,000 per
occurrence

DEDUCTIBLE 3 day
waiting
period

COVERAGE Auto
Liability

\$1,000,000

LIMIT

DEDUCTIBLE No
deductible

COVERAGE Cyber
Incident
Response

\$250,000

LIMIT

DEDUCTIBLE No
deductible

Your People | 0 employee, 1 business owners


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COVERAGE Worker's
Compensation

LIMIT As
required
by law

DEDUCTIBLE No
deductible


Your Properties | 1 property, 1 vehicle

 All other property

LIMIT \$2,500

DEDUCTIBLE \$500

Vehicle

 DODGE GRAND CARAVAN 2016
2C4RDGEG0GR320400
\$11,000

LIMIT

DEDUCTIBLE \$500

COMPARISON
**How THREE is different compared to typical
business insurance**

Typical Insurance



Assorted Policies

- Coverage gaps leave you underinsured
- Overpaying for administrative and coverage overlap



One comprehensive policy

- Zero gaps between policies
- Zero overlap

Complicated and confusing policy terms that require an agent and lawyer to decode

- Pages of exclusion, sublimits, and loopholes

✓ **Straightforward policy that regular people can actually understand**

- No fine print, nothing to hide

Chasing multiple insurers for claims

- With various insurers, claims can become a game of hot potato

✓ **One Insurer for hassle-free processing of all your claims**

- Updates are just one quick call away

Sales commissions

- Planning and managing a web of policies requires a costly middleman

✓ Zero commission

- No charge for expert advisors to answer questions and keep your policy up to date

DEFINITIONS AND DETAILS

Protection when you need it. (Which is always.)

As Murphy's Law says, anything that can go wrong will go wrong. Sure, this is a bit of a bleak overstatement, but as anyone in the insurance industry can attest, there's a lot that can go wrong—especially if you're depending on a broker to cobble together an assortment of policies. With **THREE** there's only one policy for your entire business, which

means no gaps between or overlap of policies. Just the protection you need to keep your business on track.



Business Liability

THREE's comprehensive policy replaces the need for individual coverage for things like:

- * errors and omissions
- * directors and officers
- * liquor liability

- * general liability
- * employment practices liability
- * fiduciary liability

Like we said, things happen. A customer, employee or even a bystander could claim that your business or officers did something wrong that harmed them or resulted in some sort of damage. Maybe there was a product you sold, work you performed or a simple accident on or off your premises. It's impossible to consider everything that could possibly happen—which is why the THREE policy provides broad protection for your business. You can relax knowing that we're here to help with legal counsel when necessary and will work to settle claims and judgements quickly.



Business Interruption

THREE's comprehensive policy replaces the need for individual coverage for things like:

- business income
- extra expense

There's often a lot more to a property loss than just the loss of property. Receiving a check to pay for repairs is crucial, but often it's only one part of your coverage. If the impact of your incident lasts for more than a few days, THREE can cover the extra costs to get your business back up to speed. We can help with ongoing expenses like salary and rent during your recovery, and even make up lost net profit.



Business Auto

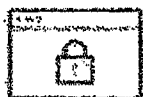
THREE's comprehensive policy replaces the need for individual coverage for things like:

- collision
- comprehensive
- auto liability
- cargo liability
- hired and non-owned

Your business's vehicles are literally what keep your business moving. If your

business's vehicles are damaged due to an accident, weather or theft, you'll be covered. Transporting your goods or someone else's? That's covered too, and if someone claims your business's vehicle is at fault, we can help defend and cover your liability.

Depending on state laws our coverage may include:
uninsured motorists | no-fault medical expense | personal injury protection



Cyber Incident Response

THREE's comprehensive policy replaces the need for individual coverage for things like:

- Data breach
- Cyber Liability

The need for cybersecurity is greater than ever. Data breaches, which occur when information has been accessed without authorization, tend to be associated with large companies but every business is susceptible.

Though most general liability insurance won't help recoup losses or legal fees associated with a breach, THREE does that and more. We'll support you with crisis management, credit monitoring, data and system review and recovery services. We also partner with cyber experts to provide coaching services to help guide you on next steps to protect your business and customers, and of course, we'll defend your business against any resulting liability claims.

Support for:

crisis management | data, system review and recovery services | breach notification services | credit monitoring services for affected parties | security training



Workers' Compensation

THREE's comprehensive policy replaces the need for individual coverage for things like:

- Lost wages
- Medical treatment

You can't protect your business without protecting your people. Every THREE policy provides coverage that meets your state's Workers' Compensation requirements. Regardless of who's at fault, Worker's Compensation covers lost wages and medical treatment for an employee's injury or illness. We work with your business and medical providers to help your employees return to work as soon as possible.

Support for:

worker safety placards | industry specific safety training | return-to-work case management | ergonomics



Property & Assets

THREE's comprehensive policy replaces the need for individual coverage for things like:

FAX COVER SHEET

TO	
COMPANY	PublicServiceCommission
FAX NUMBER	18038965199
FROM	Willie Johnson
DATE	2021-04-21 18:42:57 GMT
RE	Class C Non emergency Application

COVER MESSAGE

Goodafternoon,

Please see attachments.

Thanks,

Willie Johnson